

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Full-Time Health Units Growing

Map Showing Distribution of Full-Time County Health Units

There are now fourteen counties in California each of which has its health department organized upon a full-time basis, with a trained health officer in charge. These counties are: Contra Costa, Yolo, San Francisco, San Joaquin, Stanislaus, Madera, Monterey, San Luis Obispo, Santa Barbara, Los Angeles, Orange, San Diego, Riverside, and Imperial.

There are extensive activities launched in both Kern and Ventura counties for the formation of county health units in each of these counties. In Ventura County, a committee of five residents has compiled a voluminous report of its investigations into the advisability of establishing a full-time health unit in that county. This committee was appointed in April, 1930, and since that time visits have been made to San Luis Obispo, Monterey, San Joaquin, Fresno and Tulare counties. As a result of this investigation, the committee recommends that such a health unit be organized in Ventura County. The findings of the committee are summarized as follows:

FINDINGS

1. The success or failure of a public health department depends primarily on its head.
2. The head of the department should have full responsibility in order that success or failure may be definitely fixed.
3. Excepting, perhaps, the very few populous and wealthy counties, public welfare can be better served by a county-wide health organization, whether it be unit or district organization, than by a number of local organizations that lack coordination.

FULL-TIME OFFICER

4. Except in counties of limited population and wealth, health service should have full-time health officer with special qualifications for the work.
5. In many counties, among them Ventura, an efficient county-wide health organization can be set up that will cost very little more than the total cost of present inefficient set-ups.
6. The head of the department and the various employees should not be subjected to irrelevant political influences.
7. There are certain inherent elements in each which make it very difficult for health departments and school departments to work in complete harmony. These difficulties can be reduced to a minimum, and practically eliminated, when the two departments get together and study their problems with an earnest desire to solve them fairly.
8. There seems to be no disposition in any of the counties that have set up fairly efficient health departments to dispense with them even though the service is still limited.

MEETS APPROVAL

9. Heads of health departments whom we have consulted favor the district plan of organization.
 10. The law permits a maximum tax levy of 15 cents on the hundred dollars under the district plan.
- After checking over the cost of present health service in Ventura County we are



of the firm opinion that a tax not to exceed 5½ cents on the hundred dollars would be sufficient for the successful operation of a health district for the county.

The amount raised by this tax would be less than 1 cent more on the hundred dollars than is now being paid out by the county, the cities, and the school districts. Instead of health service covering but a limited field we would have comprehensive, unified, and efficient service for the entire county.

The Kern County school authorities are particularly active in activities which may lead to the organization of a full-time health unit in that county. A study of the San Joaquin County Health District, of which Dr. John J. Sippy is the Health Officer, has been made. This health unit, which has become famous all over the world, may well serve as a model for other counties throughout the United States. Mr. E. M. Higginbotham, District Superintendent of McFarlane School, has written a very interesting report of the organization of the San Joaquin County unit, in which he brings out the tremendous benefits to the community that this organization has conferred. An abstract of Mr. Higginbotham's report will be found published elsewhere in this issue of the WEEKLY BULLETIN.

KNOWLEDGE AND ITS PRACTICAL USE

Mr. Chester Rowell, publicist and Regent of the University of California, in his address at the inauguration of President Sproul of the University of California said, "The social sciences are behind all the other sciences, for there is acknowledged to be a lag of at least thirty years between the acquisition of knowledge by scholars and its practical use by statesmen."

Public health workers everywhere are cognizant of the tragic gap that lies between knowledge related to public, as well as personal health, and their practical use. There is apparently no end to the field in public health education. Many administrators pat themselves on the backs for the remarkable results that they are achieving, but, as a matter of fact, progress in public health education is lamentably slow, particularly among those individuals in whom its beneficent effects are needed most urgently. To be sure, remarkable advances have been made in public health, but many of these advances are not due to the acquisition and application of knowledge where such factors are needed the most. There probably has never been a time when there is greater need for bridging the gap between the acquisition of knowledge and its practical use. We have passed through an era remarkable for its prosperity and for its advancement of material physical welfare. During the coming years there must be intensified work upon the part of all sanitarians if we are to maintain and advance public health and social welfare in keeping with the scientific knowledge now available.

PUBLIC HEALTH NURSES RECEIVE CERTIFICATES

The following fifty-three nurses passed the examination given by the Board of Health, December 20, 1930, and have been granted certificates as public health nurses:—

Akin, Phalone Ruby	944 16th St.	Santa Monica
Amiot, Alice Blanche	2457 Telegraph Ave.	Berkeley
Bennetts, Elsie Hambly	City Hall, care Police Dept. & Health Dept.	Anaheim
Brechan, Lenore	Care Kern General Hosp.	Bakersfield
Bruck, Mrs. Ella G.	509 Via Del Palma	Whittier
Byers, Alicelee	604 S. Maclay St.	San Fernando
Canfield, Helen	634 Powell St., Apt. 31	San Francisco
Covalt, Maude Agnes	2937 Magnolia St.	Berkeley
Dalrymple, Dorothy M.	134 Ashton Ave.	San Francisco
Davies, Mrs. Martha K.	2525 Durant Ave.	Berkeley
Derr, Gwendolyn	1234 Shortridge Ave.	San Jose
Dowds, Velma Ellen	1417 Crown Hill	Los Angeles
Eicke, Edith L.	2428 E. St., Apt. A	San Diego
Farnsworth, Margaret	713A E. Chevy Chase Dr.	Glendale
Finn, Monica	Box 172	Bishop
Fiscus, Ida Rosamond	68 S. Willard St.	San Jose
Gaynor, Gertrude F.	Minaret Apt. No. 4	Turlock
Griffey, Gadmar V.	Box 393	National City
Hall, Martha C.	2303 23d st.	San Francisco
Harper, Goldie D.	740 Key Route Blvd.	Berkeley
Henderson, Ina Dell	2652 L. St.	San Diego
Holmes, Mrs. Florence H.	421 Linwood Ave.	Santa Ana
Hubbell, Hildegard	604 S. Maclay St.	San Fernando
Janes, Nancy Ermine	3832 S. Grand Ave.	Los Angeles
Larson, Ella	967 Ordway	Berkeley
Lemley, Mildred L.	396 Hawthorne Ave.	Oakland
Mahoney, Annamae Irene	1148 West 62d St.	Los Angeles
Mathis, Margaret M.	11021 Cypress Ave.	Inglewood
Midgarden, Olivia	1014 Lucerne Blvd.	Los Angeles
Moldenhauer, Ruth I.	970 San Bernardino Ave.	Pomona
Myers, Catherine	2525 Durant Ave.	Berkeley
Neumann, Gertrude	1675 Euclid Ave.	Berkeley
Newcomb, Jessie E.	1214 W. 35th St.	Los Angeles
O'Dell, Mrs. Ethel M.	401 4th St.	Oxnard
Packer, Josephine	Box 102	Lompoc
Packer, Rachel E.	2410 Pacific Ave.	San Francisco
Parmley, Nellie Irene	551 E. 16th St.	Long Beach
Barry, Katherine	815 W. 37th St.	Los Angeles
Rees, Clarissa L.	Orange Co. Health Dept.	Santa Ana
Reitz, Hetty	1562 Jackson St.	Oakland
Reynolds, Helen B.	2620 Laguna St.	San Francisco
Rogers, Lorna W.	101 South Grevella	Inglewood
Scanlon, Mary Elizabeth	City Hall	Oceanside
Shepherd, Helen	City Hall	Banning
Slemmer, Mabel	970 San Bernardino Ave.	Pomona
Startsman, Elizabeth	Berkeley Inn, 2501 Haste St.	Berkeley
Sutherland, Evelyn	Box 653	Merced
Tavernetti, Helena E.	407C E. Chapel St.	Santa Maria
Thompson, Elsie	Box 205	Santa Maria
Till, Mary E. MacTier	220 S. Catalina St.	Los Angeles
Wells, Alta P.	Alameda City Health Dept.	Alameda
Wettloufer, Adele	Box 205, Co. Health Dept.	Santa Maria
Whited, Marie Moore	6862 Ranchito Ave.	Van Nuys

Knowledge advances by steps and not by leaps.—*Macaulay.*

Never ask me what I have said or what I have written, but if you will ask me what my present opinions are, I will tell you.—*John Hunter.*

CLIMATE AND TUBERCULOSIS

The United States Public Health Service has recently pointed out that there was a time when change of climate was almost always recommended for tuberculosis. People believed that certain climates cured tuberculosis. They thought that dry air or mountain air or warm or cold air was better than some other kind of air and that the climate of the arid southwest or of Florida or of California would cure tuberculosis. Medical opinion has changed. We no longer believe that climate will cure tuberculosis. We ask ourselves where treatment can be obtained of the kind required and within the means of the patient. A child or an aged person is seldom sent far away. A young man or woman may be advised to go away if there is some good reason for it. The most important thing is good medical care, usually in a sanatorium, no matter what the climate is.

Good medical care can now usually be found near home, although twenty years ago one often had to go to a resort to find a tuberculosis specialist. Skillful doctors and nurses and good sanatoriums can be found in almost every state, and, as for climate, no state in the Union has found it necessary to go outside its borders to locate its state sanatorium. The home climate, even if it is the worst climate in the world, is best if proper medical and nursing care is available there but lacking elsewhere. Many persons have lost their lives by going to a distant place reputed to cure tuberculosis, where they camped out or lived in a boarding house or sought a light job, and they might have recovered if the money had been invested in proper treatment near home. A wealthy patient can, of course, go where he pleases, wherever good treatment can also be obtained, and there is no reason why he should not do so; but it does not follow that because a few persons may indulge in the luxury of climate, such indulgence is a common necessity. The average patient must get the greatest amount of good from limited funds. He should choose a sanatorium near home, not a hotel in a resort; a long period of treatment near home rather than a short period elsewhere; rest instead of travel; and proper food rather than scenery.

The average tuberculosis patient desires to go away. He seeks high adventure and self sacrifice. To win a great fight he would brave new and unknown dangers. Also he wants to travel. And he still believes in the specific virtues of special climates. Like Naaman, the leper in the Bible story, he is willing to do some great thing for quick results. He would seek a mountain top or a desert where, he thinks, the waters are cleaner than those of Jordan and the air is purer than among the hills of home. But the

patient is usually willing to take advice, and he should be told that the ordinary case of tuberculosis does not need a change of climate.

There are unusual cases, one in a hundred, perhaps, when a change of climate is actually needed, most frequently to escape hot weather. Cold weather is usually desirable. A radical change in the habits of the individual is often necessary. That is why he should go for the first six months to a nearby sanatorium. There the chief business is getting well. He lends himself to the routine of rest and more rest, asleep and awake, freely flowing air night and day, good food, proper food habits, and the other elements of sanatorium life. He learns to "play the game," and after graduation from a sanatorium he is a safe risk for his family physician to treat.

TYPHOID TRACED TO HUMAN CARRIER

Early in January, eight cases of typhoid fever were discovered in Coalinga. Eight more cases developed during the following month. There was one death among the sixteen cases which occurred. An investigation, undertaken by the State Department of Public Health, revealed the presence of a typhoid carrier, who was employed as a milker on a local dairy. The carrier gave no history of having had typhoid at any time, but there had been a case of typhoid in his family twelve years ago. All milk from the dairy is now pasteurized, and since that procedure was adopted no more cases have occurred.

MORBIDITY*

Diphtheria.

49 cases of diphtheria have been reported, as follows: Oakland 1, Fresno County 1, Brawley 1, Kern County 1, Los Angeles County 3, Glendale 2, Los Angeles 18, South Gate 2, Monterey County 3, Orange 1, Riverside County 3, Riverside 3, San Bernardino 1, San Diego 1, San Francisco 5, San Joaquin County 1, Palo Alto 1, Tulare County 1.

Scarlet Fever.

110 cases of scarlet fever have been reported, as follows: Oakland 4, Piedmont 3, Contra Costa County 1, Walnut Creek 1, Fresno County 4, Los Angeles County 14, Alhambra 1, Glendale 3, Inglewood 4, Long Beach 1, Los Angeles 38, West Covina 1, South Gate 1, Monterey Park 1, Merced County 3, Modoc County 1, Monterey County 2, Brea 2, Riverside County 1, Riverside 3, Sacramento 2, San Diego 3, San Francisco 5, San Joaquin County 1, Stockton 2, San Luis Obispo 1, Palo Alto 1, San Jose 1, Santa Cruz County 1, Vacaville 1, Tulare County 2, Ventura 1.

Influenza.

236 cases of influenza have been reported, as follows: Alameda 6, Berkeley 6, Oakland 7, Los Angeles County 9, Glendale 1, Huntington Park 1, Inglewood 1, Long Beach 1, Los Angeles 134, Monrovia 4, Santa Monica 1, South Pasadena 3, Tujunga 9, Sausalito 16, Fort McDowell 1, Merced County 2, Anaheim 2, Riverside County 2, Sacramento 2, San Francisco 18, Los Gatos 1, Benicia 1, Santa Rosa 1, Stanislaus County 4, Turlock 3.

* From reports received on February 9th and 10th for week ending February 7th.

Measles.

676 cases of measles have been reported, as follows: Alameda County 3, Berkeley 3, Hayward 1, Oakland 24, Piedmont 6, San Leandro 11, Butte County 3, Gridley 3, Fresno County 24, Fresno 10, Sanger 2, Salina 9, Eureka 1, Brayley 1, Kern County 7, Bakersfield 10, Kings County 4, Hanford 3, Los Angeles County 37, Azusa 4, Beverly Hills 1, Burbank 13, Covina 6, Glendale 1, Glendora 5, Hermosa 3, Huntington Park 1, Inglewood 4, Long Beach 19, Los Angeles 20, Manhattan 31, Pomona 11, San Marino 1, Whittier 1, Hawthorne 1, Madera County 3, Chowchilla 3, Orange County 10, Anaheim 1, Fullerton 1, Huntington Beach 4, Orange 4, Santa Ana 13, La Habra 3, Placentia 5, Riverside County 28, Riverside 13, San Juan Bautista 4, Ontario 3, Redlands 2, San Bernardino 63, Upland 12, Chula Vista 1, San Diego 56, San Francisco 4, San Joaquin County 1, San Luis Obispo County 30, Arroyo Grande 1, Paso Robles 1, San Luis Obispo 32, San Mateo 5, Santa Barbara County 1, Lompoc 3, Santa Maria 11, Gilroy 2, Santa Cruz County 2, Watsonville 9, Benicia 1, Sutter County 1, Trinity County 1, Tulare County 11, Dinuba 2, Exeter 3, Lindsay 8, Porterville 10.

Smallpox.

69 cases of smallpox have been reported, as follows: Alameda County 3, Alameda 1, Butte County 5, Fresno County 5, Humboldt County 1, Eureka 1, Kern County 5, Los Angeles County 3, Alhambra 2, Compton 1, Los Angeles 6, Redondo 1, Madera County 1, Merced County 1, Redlands 1, Solano County 1, Vacaville 1, Vallejo 9, Santa Rosa 1, Stanislaus County 9, Yuba City 5, Tulare County 1, Porterville 2, Yuba County 1, California 2.†

† Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Typhoid Fever.

5 cases of typhoid fever have been reported, as follows: Coalinga 2, San Joaquin County 1, Tulare County 1, California 1.†

Whooping Cough.

168 cases of whooping cough have been reported, as follows: Alameda County 7, Berkeley 7, Oakland 14, Piedmont 3, Contra Costa County 2, Martinez 5, Holtville 3, Kern County 16, Bakersfield 1, Los Angeles County 3, Huntington Park 7, Long Beach 3, Los Angeles 15, Monrovia 2, San Gabriel 3, Whittier 1, Salinas 1, Riverside County 1, Riverside 5, Sacramento 12, San Bernardino 3, Chula Vista 3, San Francisco 33, San Joaquin County 2, Stockton 3, Santa Barbara County 10, Lompoc 1, Los Gatos 1, Porterville 1.

Meningitis (Epidemic).

10 cases of epidemic meningitis have been reported, as follows: Long Beach 1, Los Angeles 3, South Gate 1, Fort McDowell 1, San Diego 2, Lompoc 1, Santa Clara County 1.

Poliomyelitis.

6 cases of poliomyelitis have been reported, as follows: Berkeley 1, Humboldt County 1, Beverly Hills 1, Hermosa 1, San Francisco 2.

Trichinosis.

San Francisco reported one case of trichinosis.

Undulant Fever.

One case of undulant fever which was contracted in Mexico has been reported.

Actinomycosis.

Burbank reported one case of actinomycosis.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending Feb. 7 received by Feb. 10	Week ending			Reports for week ending Feb. 8 received by Feb. 11
	Jan. 17	Jan. 24	Jan. 31		Jan. 18	Jan. 25	Feb. 1	
Actinomycosis	0	0	0	1	0	0	0	0
Chickenpox	524	566	589	605	478	489	621	499
Diphtheria	72	66	62	49	105	84	76	62
Dysentery (Amoebic)	0	1	0	4	1	1	2	2
Dysentery (Bacillary)	2	2	1	3	0	0	1	0
Encephalitis (Epidemic)	2	2	1	0	0	2	3	1
Erysipelas	32	27	21	21	28	18	22	24
Food Poisoning	0	0	0	0	0	0	34	0
German Measles	10	10	15	13	17	21	61	37
Glanders	0	0	0	0	0	0	0	0
Gonococcus Infection	157	155	126	136	121	115	115	126
Hookworm	0	1	0	0	0	2	0	0
Influenza	63	96	188	236	117	51	56	63
Jaundice (Epidemic)	0	0	0	0	1	0	0	2
Leprosy	0	1	0	0	1	1	0	0
Malaria	3	0	0	1	0	2	1	0
Measles	412	555	558	676	499	641	991	943
Meningitis (Epidemic)	8	0	5	10	17	13	10	12
Mumps	308	281	260	266	573	544	649	758
Ophthalmia Neonatorum	0	0	0	1	1	1	1	0
Paratyphoid Fever	0	0	0	0	0	0	1	1
Pellagra	1	0	0	0	0	0	2	1
Pneumonia (Fobar)	111	84	90	79	102	95	206	104
Poliomyelitis	11	7	7	6	3	2	7	0
Rabies (Animal)	14	23	26	22	14	20	21	16
Scarlet Fever	145	148	172	110	320	386	367	340
Smallpox	163	89	132	69	182	154	143	109
Syphilis	174	163	161	216	132	164	146	203
Tetanus	1	0	1	0	1	1	2	0
Trachoma	0	0	3	13	6	3	3	4
Trichinosis	0	2	1	1	4	15	4	6
Tuberculosis	171	237	269	213	193	171	184	178
Tularemia	0	1	0	0	0	0	2	0
Typhoid Fever	8	8	8	5	3	3	7	6
Undulant Fever	1	1	2	1	2	0	2	0
Whooping Cough	173	203	156	168	119	156	102	132
Totals	2,566	2,738	2,854	2,925	3,019	3,161	3,842	3,629

Chickenpox and measles are on the up-grade.

Influenza shows a slight increase.

Diphtheria shows a low seasonal prevalence.

Smallpox increased 200 per cent last week.